

Volume Two/Number One/January 1960

RECEIVED
APR 14 1970
THE LIBRARY
KANSAS STATE UNIVERSITY

ASHA

Journal of the American Speech and Hearing Association



As the living sounds
of life come back—
you know this is more
than just another
HEARING AID



Your **ZENITH "LIVING SOUND" HEARING AID** has made you the beneficiary of 40 years of devotion to sound research—the same 40 years that brought you world-famous Zenith Quality TV, Hi-Fi and Radio

A Zenith Hearing Aid represents far more than the combination of precision parts that you expect in any hearing aid.

Built into every Zenith Hearing Aid is the one priceless ingredient to be found in no other—the 40 years of experience in the science of sound that has brought you the masterpieces of sound reproduction the whole world respects in Zenith Quality TV, Hi-Fi and Radio.

So, when you think of trying a hearing aid for the first time—or of searching for one that may surpass in quality the one you have

found wanting—look first to the name that is today pre-eminent in the whole world of sound reproduction.

Go to your Zenith Hearing Aid Dealer with complete assurance that he represents the finest in hearing aids. You will find him skilled, understanding, and far more interested in helping you than in making a sale. He's listed in the "Yellow Pages." Ask about a demonstration in your home.

There are 11 Zenith Quality Hearing Aids—each sold on a 10-day money-back guarantee, 1-year warranty, and 5-year After-Purchase Protection Plan.

A DOCTOR REPORTS ON HEARING LOSS

FREE BOOKLET—"Hearing Loss and the Family Doctor" tells how medical science can help correct a hearing loss. Written by a famous physician and published by Zenith Radio Corporation—this booklet, plus descriptive literature on Zenith Hearing Aids is yours free. Just write—

Zenith Radio Corporation, Hearing Aid Division
6501 W. Grand Ave., Dept. 55N, Chicago 35, Ill.

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____



Asha

A Journal of The American Speech and Hearing Association

Volume 2

January, 1960

Number 1.

CONTENTS

ARTICLES

The Present Issues Facing the Membership..... 3
Kenneth O. Johnson

The Association In Historical Perspective..... 8
Robert W. West

LEGISLATION

Frampton Study Workshop—Elliot Subcommittee Hearings..... 12

ASHA Legislation Coordinators..... 13

Kentucky Speech and Hearing Association..... 14

1001

Convention, Vintage 1959..... 15

CLINICAL AND EDUCATIONAL MATERIALS..... 20

NEWS AND ANNOUNCEMENTS..... 24

FORUM..... 28

Asha is published monthly at the Interstate Printers and Publishers, Inc., Danville, Illinois, by the American Speech and Hearing Association. Subscription: \$7.00, single copy \$75. Communications on editorial, business or advertising should be addressed to the Editor, *Asha*, The American Speech and Hearing Association, 1001 Connecticut Ave., N.W., Washington 6, D.C. Address changes should reach the subscription office of The American Speech and Hearing Association by the 1st of the month preceding a change. Subscribers must notify the Post Office they will guarantee forwarding postage for undelivered copies. Other claims for undelivered copies must be made within four months of publication. Second-class postage paid at Danville, Illinois. Printed by The Interstate Printers and Publishers, Inc., 19-27 North Jackson Street, Danville, Illinois. Office of Publication, Jackson at Van Buren, Danville, Illinois.

The American Speech and Hearing Association

OFFICERS

President

George A. Kopp, Ph.D.
Wayne State University

Executive Vice President

Jack Matthews, Ph.D.
University of Pittsburgh

Vice President

Miriam D. Pauls, Ph.D.
Johns Hopkins Medical Institute

Editor of the Association

Wendell Johnson, Ph.D.
University of Iowa

OFFICERS-ELECT

President-Elect

Stanley Ainsworth, Ph.D.
University of Georgia

Vice President-Elect

Jack L. Bangs, Ph.D.
Houston Speech and Hearing Center

COUNCILLORS

Jon Eisenson, Ph.D. (1959)

Ira J. Hirsh, Ph.D. (1958-60)

Ruth B. Irwin, Ph.D. (1956-59)

James F. Jerger, Ph.D. (1959-61)

Herold S. Lillywhite, Ph.D. (1958-59)

Hayes A. Newby, Ph.D. (1957-59)

Wilbert L. Pronovost, Ph.D. (1958-60)

Sylvia O. Richardson, M.D. (1957-59)

Dean E. Williams, Ph.D. (1959-61)

EXECUTIVE SECRETARY

Kenneth O. Johnson, Ph.D.

Asha

EDITOR

Kenneth O. Johnson, Ph.D.

ASSISTANT EDITOR

Stanley L. Berlinsky, Ph.D.

EDITORIAL ASSISTANTS

Luella M. Bormann

Kathleen E. Harte

ASSOCIATE EDITORS

Walter Amster, Ph.D.

Isaac P. Brackett, Ph.D.

Dorothy D. Craven, M.A.

Leo G. Doerfler, Ph.D.

Jack Matthews, Ph.D.

Robert L. Mulder, Ph.D.

Miriam D. Pauls, Ph.D.

Vivian I. Roe, M.A.

Earl D. Schubert, Ph.D.

EDITOR OF THE ASSOCIATION

Wendell Johnson, Ph.D.

THE PRESENT ISSUES FACING THE MEMBERSHIP

KENNETH O. JOHNSON*
Washington, D. C.

In 1955, the United States Office of Education published a book, *Education for the Professions*, edited by Lloyd E. Blauch.¹ Mr. Blauch presents the principal features of professional education in the United States and discusses more than 30 professions in terms of types of personnel, the development and current status of the education of professional persons, and certain developmental problems. A review of the material presented by Mr. Blauch and our own observations draw us to the conclusion that many of the issues of consequences facing the speech and hearing profession were encountered by other professions at one time or another during their development. Most, although not all, of the issues facing us have been the concern of other developing professional organizations. If we were to examine the developmental history of several service oriented professions we could expect to find parallels between our organizational experiences and theirs.

For example, at one time or another, all professions as service-oriented as is the speech and hearing profession, must concern themselves with the relation between the administrative needs of the education and training programs and the needs of the consumer groups, i.e., the centers through which the service is provided as well as the public itself. The consumer's need for competent professional services may not be compatible with the needs of the university and college departments responsible for the training. Staffing problems and the necessity for demonstrating student and community interest to the university administration may result in a disparity between the competence of the university product and the consumer's need. As a consequence, an issue may be created in the profession.

Another issue of consequence to ours and many other professions concerns the degree to which the profession is oriented to scientific achievement and the degree to which members of the profession contribute to its research base. Some professions educate many or all of their members to provide research as well as clinical services. The relative emphasis of

the group on research or clinical service has an important bearing on the status of the profession and the kind of role it will play in society. If a profession develops in such a manner that an inordinate number of its members provide clinical or administrative services at the expense of research activity, the role of that profession may be expected to be quite different from one which expends great energy in research. The loss of many of the most competent and highly trained people from the ranks of the research group to that of the direct service group affects the contribution the profession will make to society. Our profession, as with others, has need to concern itself with its scientific undergirding. The drafting of increasing numbers of researchers into administrative or direct service positions constitutes an issue of great importance to us.

All professions have organizational problems, some of which become issues of major importance. Organizational problems within associations frequently involve questions of representation and democratic privilege and so quickly stimulate the interest of the membership. Organizational issues may affect the future role of the profession, but frequently are of less importance than those involving emphasis or philosophy of the profession.

Other issues which confront ours, as well as other professions, come from forces beyond our control. For example, a number of professions, including the medical profession, have been faced with the intrusion of other specialties into the area of professional activity they usually think of as "theirs." Economic competition resulting from such intrusions presents a complex and volatile issue. Though economic competition between professions frequently results in advantages to the public, these advantages are seldom looked on with favor by members of the professions.

Issues confronting professions originate in many different ways. Some stem from the sharpness of the difference among the interest groups which make up the profession. Some stem simply from the number of interest groups involved. Some issues concern standards and competencies and may stem from differences in competence of the members of the profession. Some stem from the overlapping of roles or areas of responsibility of two or more professional

KENNETH O. JOHNSON, Ph.D., is Executive Secretary, American Speech and Hearing Association, Washington, D. C.

*Presented at a general meeting on "What is our Association?" at the 1959 Convention of the American Speech and Hearing Association.

groups. The more varied the membership, the more divergent may be the needs and desires of the members, and the more likely we are to find a large number of internal problems involving standards, status and representation.

Some issues tend to arouse and excite and bring members of the profession into closer alliance. Not infrequently, activity directed from outside a profession which is felt to be disadvantageous to it will focus in-group attention on areas of agreement, cause differences to become less important and promote identification with the profession and the association representing it. Efforts made by one association to obtain restrictive or punitive governmental regulation for the members of another profession create an issue almost certain to arouse the members of the "offended group." However, the importance of the issue as it may affect the future contribution of the profession may not necessarily be related to the extent of membership interest. Many times critical issues will not capture the personal interest of the members.

Those issues which should be of great concern to us as members of the American Speech and Hearing Association are those which affect the contribution we will make to society. We, as members of a scientific and professional area, have a contribution to make to other scientific areas and to a group of children and adults handicapped in speech, language or hearing. We may consider that we have a potential or maximum contribution and that many factors will affect our profession and the degree to which we are able to achieve that potential. The issues with which we should be most concerned as a profession are those which tend to increase the spread between our potential and our actual contribution.

There are a number of issues of great importance to the American Speech and Hearing Association and which affect the contribution the speech and hearing profession will make to society. However, this paper will restrict itself to a discussion of three issues, each of which is a major issue in the profession. Even though these are issues of importance, they are not, strangely enough, issues which arouse us or excite us as a group. These are not issues which seem to be of great urgency to most of us. In fact, in many locales, in some employment contexts, we may find no evidence or awareness of the existence of these problems. Because of the nature of these issues, they have little arousal value and tend to be thought of as non-personal problems, i.e., problems affecting others in other employment circumstances or other geographical areas. The importance of these questions to our profession is actually increased because of the lack of personal interest in them among the membership. There is danger that through inaction, the problems may grow to uncontrollable proportions.

INDEPENDENCE AND RESPONSIBILITY

One of the issues involving the significance of our long term contribution to society is concerned with professional independence, professional freedom and professional responsibility. Independence, freedom of action and responsibility for the supervision of our profession are commitments which we have made with full awareness of the high demand which their status entails. However, independence should not be equated with complete freedom of action. Professional independence implies functioning within the area of our competence and training. The organizational framework within which we discharge our obligations may differ but the degree of our independence as determined by our competence and training must not vary. Whether we work in an educational or medical or other framework is not important. What is important is that when there is a dilution of our independence and responsibility we do a disservice to ourselves and to those we are equipped to serve. Historically, our relation with medicine is a case in point. However, many of these same comments could, at times, be made concerning our relations with certain educational groups. For many years, there has been an increasing rapprochement between our clinical members and medical specialists in general. The development of an appropriate liaison with some medical specialties is not only a healthy event but an essential one from the point of view of proper service. Particularly with the otolaryngologist, pediatrician, psychiatrist, and neurologist have there been increasing contacts and greater role appreciation. The relationship closest to my personal experience has been that between the otologist and audiologist. This relationship has been improving steadily in most sections of the country during recent years. Considerable research has been produced through the coordinate efforts of audiologists and otologists and jointly sponsored research is being engaged in with increasing frequency. Such joint professional efforts may be expected to provide knowledge of consequence to society, and through the years, to produce more benefits for all of us than could be produced by either group through separate efforts. The growth and interest in the American Association for Cleft Palate Rehabilitation is additional evidence of the desire of many speech pathologists, physicians, and dentists to stimulate co-operative research, in this instance into the causes of cleft lip and cleft palate. One of the stated objectives of that association is "to encourage cooperation among, and stimulation of, those specialists interested in the rehabilitation of cleft palate persons." To a significant degree, these and other successful relationships with medicine are the direct consequence of a framework in which we function as coordinate, responsible, yet professionally independent, specialists.

However, as our past President, Dr. Jon Eisenson, pointed out in his Presidential Address last year, our relationship with one medical specialty has become a matter of great concern to us.² This relationship is of such a nature and of such importance that a detailed discussion is warranted. Within recent years, this medical specialty has expressed an interest in the activities of our profession. The physician who makes up this new medical specialty is called a Physiatrist and his specialty area is termed Physical Medicine and Rehabilitation. His interest in the activities of our profession includes an interest in our professional standards and our certification procedures. His interest in the clinical practice of our members involves a desire for professional responsibility. Superficially, his relationship to the speech and hearing profession could be interpreted as an administrative one. His relationship is often that of a supervisor or administrative head. We, as a professional group, are not greatly concerned about the specialties or particular interests of our supervisors. Whether our supervision comes from a public school principal or the chief of a department of neurology is of little consequence. Ours is a profession which seldom operates exclusive of educational or medical environments and we seldom function entirely without supervision. Therefore, the issue involving this new medical specialist stems from the kind of relationship he desires rather than his supervisory role, per se.

The Physiatrist, in many instances, assumes the role of the supervisor for the professional activities of what he prefers to term "therapy specialties of Physical Medicine and Rehabilitation." The therapy specialties of Physical Medicine and Rehabilitation include Occupational Therapy, Physical Therapy, Corrective Therapy, Educational Therapy, Manual Arts Therapy, and Speech and Hearing Therapy. Occasionally, our area is designated as the Speech and Audiology Therapies. The addition of Music Therapy and Dance Therapy to this list has been considered by the Congress of Physical Medicine and Rehabilitation, the national professional association for Physiatrists.

The focus for our concern is the relationship between the education and training accomplished by the Physiatrist and his expressed desire to supervise the professional activities of the "therapy specialties." In spite of the fact that he is without qualification in the speech and hearing profession, he feels it is his responsibility to regulate our standards and our certification program and to determine when speech and hearing services are necessary, and the type and extent of clinical service required.

It is extremely important that we recognize that local rehabilitation centers and rehabilitation programs in general find the administrative role he de-

sires to play an appealing one. Local community leaders interested, as we all are and should be, in stimulating the development of comprehensive rehabilitation facilities find the philosophy of the Physiatrist generally acceptable. The inclination of the Physiatrist to describe and prescribe for speech and hearing disorders may be appealing from an administrative viewpoint for community leaders and fund raisers for large rehabilitation programs, but from the point of view of proper and qualified care for the speech and hearing handicapped such a concept is unsatisfactory. This profession is committed to the concept that speech and hearing services and the need for these services shall be the responsibility of properly qualified persons. Dr. Eisenson carefully pointed out in his 1958 Presidential Address that our concern for competency and qualified supervision does not indicate that we are in any way rejecting supervision of the type which is "usual in professional settings and which is likely to vary according to the specific character of the setting." No competent specialists in our field give any serious consideration to assuming responsibility for medical diagnosis or medical care. Nor do competent clinical people in this profession attempt to assume the role or responsibilities of the classroom teacher, except in individual circumstances as some of us have particular qualification to do so. At the same time, we are justly jealous of our progress and prerogatives in our field. If we accept this new specialist's concept of "prescription services" and extend to him the opportunity to provide supervision of our professional affairs we will have abdicated our responsibility to our profession and to society.

Lest there be any possibility of misunderstanding, it should be stated that our field is as concerned with and as interested in the rehabilitation needs of children and adults in our country, as is any specialty group. We are anxious to contribute our services to rehabilitation programs and rehabilitation efforts whenever these services can be used properly and to the advantage of the handicapped. Likewise, we should state that some Physiatrists do not share or approve the philosophy of prescription therapy as described here. Our concern has been expressed for the philosophy and for the goals of a large number of these medical specialists, and their professional organization, the Congress of Physical Medicine and Rehabilitation, and the deleterious effect this philosophy may have on our professional contribution to society.

IDENTITY AND IDENTIFICATION

The second issue for our concern is closely related to the issue of "independence" and "responsibility." It is one involving our "identity" and "identification." In the October issue of *Asha*, Dr. Stanley Ainsworth, our President-Elect, discussed the problem of identity

and identification in our profession.³ We may doubt that many professions have risen to prominence while the members of the professions used a dozen or more "root" names or terms to describe themselves. Members of professions, as well as members of society, seem to assume that in each profession there is a term which serves as "home base" from which each interest group or sub-specialty may "move." For example, the field of dentistry is composed of dentists, the field of psychology, psychologists, the field of microbiology, microbiologists, and so on. These "root" terms are "prefixed" frequently by adjectives which delimit the special interest groups. Our field has no "root" word which includes all of us concerned with the profession of speech and hearing. No term is used by more than a minority of our members in our field. The lack of a unifying term acceptable to the majority of the members of each of our interest groups truly is our Achilles heel. No other issue so decisively divides us. No other issue presents us with so many opportunities for fragmentation. As Dr. Ainsworth has implied, we tend to use the term which is convenient locally. Because of the circumstances of our own professional environments, we have rejected or accepted "speech correctionist," "speech teacher," or "speech therapist" etc. as identifying terms. The field of audiology is fortunate not to have been partitioned by terminology although hearing therapist, audiometrist, and hearing conservation teacher are terms which come into more common usage all the time. We must not underestimate the importance of terminology on the continued integrity of our field. At the present time, the members of this profession seem to be content to continue to use terms which have local value and convenience. There seems to be no feeling or urgency to rally round a common term. Without a sense of urgency, we should expect no unifying term to emerge. We want identity! We will identify ourselves! The only question is—will we identify ourselves as do others in this field? If no single unifying term for both the speech and hearing areas is acceptable at this time, then our immediate problem should be to bring into more common usage those terms which bring advantages to our field and to discourage the use of terms which bring disadvantages to it.

As we acknowledged, there is no one single term in the speech field which seems to meet the approval of a majority of our members. "Speech pathologist," "speech correctionist," "speech therapist," "speech conservationist," "speech teacher"—all of these terms have their advocates and their antagonists. However, we find some of these terms strengthen our position as an integrated profession, and others contribute to us disadvantageously. The impact of one term on our field, whether negotiable or not, in certain environments has been sufficiently severe as to draw Dr. Ainsworth's comment and the concern of many of the members of this profession. This is the term "ther-

apist." The significance of this term to our field is very great and it may be hoped that the significance of it to our profession as a whole will obviate the importance of local or special environmental consideration. The objection to the use of this term includes no implied preference for the term "correctionist." The objection to this term stems from the disadvantages which come from its use to the profession as a whole. Many of the leaders in this field consider that continued use of this term will have a significant effect on the integrity of our Association, our freedom to act independently and our opportunity to retain primary responsibility for our own field. Since the advocates of "therapist" and the advocates of "correctionist" formed their camps years ago, it may be we should compromise on a term such as "speech clinician." In any event, we may be certain that interest groups will continue to rally round terms or designations the same as they have since the beginning of history. And though we may say that such matters should not rank in importance with those which more directly affect our contribution to society, the names we use to identify ourselves will be those used to identify the interest groups which constitute our profession, and as interest groups increase in size, the significance of distinct and different identifying terms will increase. Not only do we, as a profession, desperately need a term with which all of us may identify, but barring this fortunate event, we need to discard those terms which put us at special disadvantage or separate us. The issue of terminology affects the unity of our field and through this the significance of our contribution to society.

RECRUITMENT

The third issue of major concern is an issue of quite a different sort, but nevertheless one which presents a challenge to our field. This issue concerns the recruitment of superior students into our graduate programs. More than 20,000 speech pathologists, clinicians and audiologists are required to provide the eight million speech and hearing handicapped children and adults in this country with proper audiology and speech services. In spite of this tremendous need, only 2,000 certified and an estimated 5,000 uncertified specialists are available for employment in our schools and centers and clinics. The repercussions of an inadequate supply of competent students are considerable. For example, in areas where too few clinicians are being graduated, we may expect to find a reduction in clinical standards and services. In some instances, of course, special speech and hearing services are not provided at all. In critical employment areas, school systems, and community centers, hospital and university clinic administrators may be compelled to employ unqualified persons or maintain vacancies. In other circumstances, we may see academic standards reduced in

order to cope with an overwhelming demand for specialized personnel. The reduction of academic standards quite clearly has a deleterious effect on the quality of the clinical services provided in the schools or centers. The demand for services from our profession may not be expected to diminish. In fact, each year the demand for qualified personnel increases. The recruitment of large numbers of superior students into graduate programs seems the only solution. We must make every effort to compete in this highly competitive market. We must make a personal effort to find young capable students and interest them in our profession. The status of the physical sciences as symbolized by the "space-age suit," the "count-down," and the "blast-off" must not be underestimated. With the expected increase in federal subsidies and rising status of the physical sciences, we may expect increasing competition for the superior student. Professions such as ours are largely clinical and the competition to get young people to leave the mechanical complex for the human complex will become more difficult. Recently, the Association took a major step to satisfy our personnel shortage and graduate student supply problem. Whether this is an effective or abortive effort will depend upon how each member sees his role and responsibility in this profession. The Association's efforts will prove fruitful only if each member accepts his role and acts. The "step taken" was to assist in the development of federal legislation designed to provide funds for graduate fellowships and support for our graduate training programs. This legislation is described in detail in the October, 1959 issue of *Asha*. As you read that issue of the journal, the degree of our indebtedness to such persons as Dr. Wesley Wilkerson, Congressmen Fogarty and Elliott, Senator Lister Hill and Dr. George Pratt, and Mr. Evan Johnston, will be clear. Without the efforts of

each of these individuals, this legislation probably would not be before Congress. The efforts of all of us, however, are required in order that this legislation may not languish and "die" without a hearing. It is our considered opinion that this legislation is good legislation and that it will go a long way toward solving the critical recruitment problem in our field.

It is not necessary to specify in detail the effectiveness of personal contact with our Congressmen. What is needed here is our careful evaluation of this critical legislation and appropriate action on the part of each individual member at this time.

The recruitment of superior students into our graduate training programs is essential if we are to make our maximum contribution to society. Here is an excellent opportunity for each of us to assume responsibility for our future.

In summary, three issues of importance to our future as a profession have been discussed. If we are willing to make a small personal effort there is not one of these issues which can evade solution. Ours is a dynamic, volatile scientific and professional endeavor which will make a contribution of great consequence to society if we will maintain our freedom, our professional independence and our integrity.

References

1. BLAUCH, L. E. (Editor), *Education for the Professions*, U. S. Dept. of Health, Education, and Welfare, Office of Education, 1955.
2. EISENBERG, J., Coming of Age in a Profession (Presidential Address), *J. Speech Hearing Dis.*, 24, 1959, 195-200.
3. AINSWORTH, S. H., Identity and Identification, *Asha*, 1, 1959, 45-46.

THE ASSOCIATION IN HISTORICAL PERSPECTIVE

ROBERT W. WEST*
Brooklyn College

ONE of the important justifications for the study of history is that, in studying it, one may profit from the lessons of the past when one makes decisions for the future. In the name ASHA the term *American* means of the *United States*, or at the very widest of *North America*. If we wish to start with the history of the ASHA we must, therefore, say a word about the history of the area in which ASHA now operates. The genius of *America* is in part that of the land in which Americans live.

In order to introduce the idea of my talk today I want to tell you a story in the format of the "Just So" stories of Rudyard Kipling.

My topic today is announced as "The Association in Historical Perspective." A perspective is such a view of a thing that one is able to make allowance for errors of appearance that are due to the point from which the thing is being studied. Thus the best perspective may be gotten from a great distance. May we then first view, not our specific organization, but a famous American organism as seen from a distance. That viewing is to get us into the habit of perspective thinking. Please be patient for a few moments. I want to remove you an infinite distance from the organism to be viewed. Can you image the space of 100 years? You, the bright young person who has just received his bachelor's degree, can you think of four lives as long as yours has been, taped together in a string? Just barely can you image it. Can you, who have just been given tenure in your college faculty, see how three lives like yours would string together? The span of 100 years is getting shorter, isn't it? The span of your life is about the present life of the Association. Will ASHA live to end a century of service? Can you, who have become one of the elder statesmen of the Association, image the addition of only one more life as long as yours to comprise 100 years? Yes, that feat is not difficult for you. To you a century seems a short span. Now can all of you contemplate 10 centuries? Yes, you can get a vague image of what that means. We call it a millennium. Now, if you will, bump your head on the

ROBERT W. WEST, Ph.D., is Professor of Speech and Director of The Speech Clinic at Brooklyn College, New York City.

*Presented at a general meeting on "What is our Association?" at the 1959 Convention of the American Speech and Hearing Association.

concept of 1,000,000 milleniums. That should give us sufficient distance for perspective. At that distance time is not curved; it is straight. At that distance sight lines are parallel. That distance, for the finite mind, is infinite.

THE ALLEGORY OF THE SAURIANS

Well, 1,000,000 milleniums ago, give or take a year or so, an oviparous saurian, about the size of a house cat crawled out of the sedges near where now stands the Empire State Building in New York City in the North American Continent. She looked around her. She beheld a lush and beautiful island, with what looked like an inexhaustible supply of food. That pleased her mightily. On second view, however, she saw something that gave her pause. At every clump of sedges as far as she could see were countless other saurians. Some were like her; but most were different. Some had horns, some had wings, some had scales, some had plates of armor. They had one thing in common, besides being saurians; and that was the desire to multiply and possess the North American Continent. After a hasty meal our heroine rushed right back into the sedges and laid a clutch of eggs in the warm sand at the edge of the water. What more symbolic place could she have selected for the founding of a brand new line of saurians than what has now become known as Herald Square, on the edge of which stands the hotel where ASHA was born. So began the competition among the saurians for the possession of North America.

It soon became apparent that most of the saurians could not survive. One by one the species were lost in the competition. Very soon, that is in less than 1000 milleniums, the number of competing kinds of saurians was greatly reduced by attrition. As the saurians increased in number of individuals, they decreased in number of species. It became evident to the descendants of our saurian heroine from the McAlpin Hotel that size was an important factor in survival on the Continent of North America. The call came out from the chief saurian of the family tree, "Ladies, lay more eggs,—lots more; but, above all, girls, lay big ones."

So each papa saurian, before going to the club on Saturday night, took stock of what mama had produced in the six days preceding. If he saw any small

eggs in the output he took them out to the Williamsburg Bridge and dumped them into the swirling estuary of the East River; or, wherever he was, in Wisconsin, Iowa, Michigan, or Evanston, Ill., he got rid of the runts.

So the cat-sized saurian became horse-sized. Larger and larger the descendants became. Still the Executive-Secretary-Saurian called upon the tribe for more size. They became larger than elephants. Finally they were larger than railroad cars and heavier than locomotives. Then the saurians discovered that creatures as large as they could not subsist alone on leaves, fruits, and blades of grass. So they developed claws by which they could kill other species of saurians and teeth by which they could appropriate the protein which their victims had laboriously gathered in stream, field, and forest. Thus saurians became fewer and those who survived became larger. Then the Saurian-in-chief of the descendants of the McAlpin tribe cried aloud from his office on the shore of Lake Erie, "We are the American Tyrannosaurus Association. Call us Ata for short. We were organized over 10 million years ago. We are the largest saurians that ever trod the earth. No animals larger than we will ever challenge our supremacy. Ata will, therefore, last forever.

For many milleniums, practically forever, in terms of human history, the crust of the continent trembled to the terrible tread of the tyrannosaurians. When it seemed that they had existed from the beginning of time and would undoubtedly continue to the end of it, getting larger and larger to eternity, some of them began to die prematurely, at less than 1000 years of age, of a disease called the syndrome of Avordupois, in which, as the diameter of the saurian increased, his weight increased by the cube of his diameter, but the strength of his bones increased only by the square of his diameter. Thus many of the Tyrannosaurians died of broken legs. Many perished by sinking in the marshes and tar fields. Many more died of malnourishment. It took a lot of saurian steaks to feed an animal who weighed 40 tons; and it took a lot of onions to feed the animals from whom the steaks were clawed. And there just weren't enough onions. Then came the ice sheet, grinding down from the north, chilling and killing the onions. Thus, many starved. The last of the huge beasts froze to death.

An organization, like an organism, has first its birth in the arena of life; second, its struggle for initial survival; then its burgeoning youth; after that is flourishing age of power; and lastly its decadence and death.

The last annual convention of the American Tyrannosaurian Association was held on the edge of the then lazy Colorado River in Southeastern Utah, Nov.

25 to 30 in the year 499, 148, 203 B.C. Ata was through.

ORGANIZATIONS LIVE BY ADAPTATION

Why? Because the Tyrannosaurians did not make adjustments to changing conditions in the world around them. ASHA still lives, and will continue to live so long as it makes these adjustments. It will perish if it fails to heed the lesson of the saurians, leaving behind it only the fossil remains of its publications. Let us remember that the Tyrannosaurian brain was small indeed in proportion to his overall size. Let us be proud of our proportionately larger calvariums; but let us beware of the pride that leadeth to destruction.

The organizers of our Association thought of it as a group of Academicians who would gather once a year on some mountain top to discuss with each other topics that were so technical, so profound, and esoteric in technology that only in such a group could real communication be achieved.

The association was barely born at the McAlpin Hotel on Herald Square, N.Y.C., before that concept of the Association seemed impractical and unrealistic. Thus many of the charter members were not academicians. They were practical folks who had the idea that they should, if they could, do something about American people who were defective in speech. The change of fundamental rationale of membership at that time may have saved the Association from going the way of so many academies.

MEETING THE CRISES OF OUR HISTORY

It was well that this internal weakness was recognized and corrected by the constitutional committee, for the newborn Association was at once assailed by an enemy of considerable strength: The National Society for the Study and Correction of Speech Disorders. Between that organization and the American Society for the Study of Disorders of Speech, as ASHA was then called, the lines of battle were clear and definite. It was really a struggle between two organizational systems. Our enemy, the N.S.S.C.S.D., was the older of the two. It was modelled after the European Messiahships, in each of which the permanent president was a great, magnetic, dominant figure whose philosophy, methods, and ideas were the burden of the disciples' evangelism. The N.S.S.C.S.D. constituted virtually a religious movement. That was the group with which the tiny A.S.S.D.S. had to contend. In professional ideology A.S.S.D.S. was a distinctly heterogeneous group. The several members differed from each other markedly on the important clinical issue of the day, viz., the

cause and treatment of stuttering. We even differed on terminology, some insistently calling it *stammering*. We had, however, two things in common: we all had faith in eclecticism as a basis for a national organization; and, second, we discredited the messiahship against which we were arrayed. So you see, we were eclectic only up to a point. We said, "We hate two things: (1) prejudice, and (2) the damned N.S.S.C.S.D. One prominent college professor was so fearful that some of the enemy might infiltrate into A.S.S.D.S. ranks that she refused to join us, lest she find herself joined in an ethical code with one whose ideas she was in conscience bound to attack publicly. The fight between the two organizations was spirited, indeed. From this perspective it seems inevitable that A.S.S.D.S. should have won; but at that time we did not feel at all sure of the outcome. It was clear to us that the field of speech disorders and defects in the United States was too small for two nation-wide organizations. Each, we felt, would get in the other's way.

A.S.S.D.S. won the contest. N.S.S.C.S.D. was one of the reptilians whose way of life did not fit the conditions around it. From this perspective it seems that the chief weakness of the N.S.S.C.S.D. was that it utilized the cerebration of only one brain; but A.S.S.D.S. used many minds.

The next threat to the life of the A.S.S.D.S. came from a sort of infiltration. I think that no good purpose is served in naming these infiltrators, and the would-be defectors, with whom, it is charged, they conspired. Let's call the parties A, B, C, and D.

In the archives of the Association is a letter from the treasurer to me, saying, "A has not yet paid his initiation fees or last year's dues. He considers himself no ordinary member. He assumed that he should have been a charter member." Then we have a letter from the president to me saying that, "B seems to have partly about-faced, but as yet she has not stated that she would abandon her rebellious plan. A seems to have been behind the rebellion." Again a letter, from the president to the council, contains this: "The instigator of the new plan is said to be C, of the University of—." Then the president wrote me, "I received information concerning the organization of a new movement for new societies (C and D) from A." About the same time there came a letter from the secretary, saying, "A has just unearthed more competition that may be more serious than the N.S.S.C.S.D. He has just seen C and learned that he is organizing an association similar to our own, because of some quarrel he had with West. C is a man, I take it, who has to be reckoned with."

The threats to our organization of these infiltrators and rebels were met by eclecticism. Those would be organizers of a competing organization who were unworthy of leadership were unable in the face of our eclecticism to gather a following; and those who were

worthy of leadership were won over by the simple device of giving them a sizeable load of committee work. The more the stockholder invests in the company, the more loyal he is.

The turtles, the lizards and the crocodiles are successful survivors of the age of reptiles. They survived the Tyrannosaurus because they made changes adaptive to the changing ecology of America. So ASHA has made many adaptations in its metamorphosis.

Early in its history a certain type of professional worker began asking for membership, viz., the practitioners. A basic change in membership structure was worked out to include those workers who were not college teachers nor researchers nor administrators, but who were chiefly occupied with the practice of speech correction (or speech rehabilitation) proper. The acceptance of these people was doubtless partly motivated by the personal concern for them on the part of the college teachers among the charter members. These members thought, "Why be a charter member, if one can't get his students into the professional family? Certainly such students are more worthy of membership than the superficially trained administrators who came into the organization merely by virtue of being *in principio*." Whatever motivated the ASHA to include them, it may be said that they profoundly, but gradually, changed the nature of the association. The act of extension of membership rights to these people was the Magna Charta of our association, leading eventually to the pre-empting of the association journal by articles on clinical practice and the establishment of a new journal to contain the articles dispossessed from the old.

But long before this change in the journals took place there arose a problem inherent in the inclusion of hundreds of clinicians as ASHA members. Membership began to take on significance as evidence of clinical competence. Persons were using the fact of membership as assurance to the public that they were regarded by the Association as qualified to practice. It was decided, therefore, to separate the matter of membership from that of certification of competence. The rolls of that period show, (1) Associates, without certificates of competence, (2) members, without certificates, (3) members, with certificates, and (4) fellows, with or without certificates. I am convinced that, had these adaptive metamorphoses not been accomplished, the ASHA would have foundered.

The very name, ASHA, is another protective adaptation. In 1934 the name of the Association had been changed from the American Society for the Study of Disorders of Speech to the American Speech Correction Association. This change reflected the influence of the newly received clinicians. We bore that name for several years. But then came a time when there developed, both in the Association and

without, a great interest in the impairments of hearing as they affected the perception of speech. This area of study was named *audiology*. To include audiologists, the present name was adopted—The American Speech and Hearing Association. The reasons advanced for this change were:

- (1) The evaluation and therapy of patients impaired in hearing had become so complex and technical that many of those concerned with the rehabilitation of speech production were unable (or unwilling) to keep up with this special field of auditory deficit.
- (2) The practice of hearing rehabilitation often involved persons who had little, if any, competence in the general field of speech correction.
- (3) In the minds of many professional workers, both in and out of the Association, there was a marked dichotomy between speech production and speech perception.

There was in the Association a hard core of members who had always considered speech an indivisible process or function in which hearing and utterance are involved in both the learning and the performance. To them the phrase *and hearing* in the title was redundant and seemed to imply a separation that did not, in fact, exist. The change, however, prevailed in the voting of the Association. It was prompted by the need for certification of workers in the area of audiology. The Association had to issue certificates to these workers which differed from those given to the conventional speech therapists. Since two kinds of certificates were issued, it seemed con-

venient to label one "speech" and the other "hearing." When that arrangement had been made, it seemed only logical to extend this polarization to the title of the Association. Though the denotation of the new title was not descriptively clear, it has become so by *connotation* in its actual use in the American family of professional associations.

I am convinced that this metamorphosis of ASHA, including both that of the internal structure and that of the name, was an adaptive change that preserved the life of the Association.

LESSONS TO BE LEARNED FROM THE REPTILIA.

1. The more adaptable the organism, the more permanent its place on the continent.
2. It is better to absorb than to oppose a competing organism.
3. In general, eclecticism is more likely to perpetuate a professional organization than orthodoxy.
4. A better insurance of long organizational life than size is professional ethics.
5. As to size the ideal is to secure the membership of every person of good will who is professionally involved in the study and treatment of disorders of speech and hearing in America.



Legislation

FRAMPTON STUDY WORKSHOP—ELLIOT SUBCOMMITTEE HEARINGS*

A workshop was held at Hunter College, New York City, on October 27th and 28th for the purpose of identifying the needs in the areas of special education and rehabilitation in the New York State region and to obtain recommendations for federal legislation to meet these needs. The workshop was conducted by the Special Education and Rehabilitation Study Group, with Merle Frampton, Director, which was established by the Subcommittee on Special Education of the Committee on Education and Labor of the United States House of Representatives. The workshop was divided into the following areas of interest: blind, emotionally disturbed, gifted, mentally retarded, hearing disabled and speech impaired, neurologically and orthopedically impaired, chronically ill and disabled, and visually limited. Co-chairmen were selected for each area, one representing special education, the other the general field of rehabilitation. Participants in the workshop were invited by the Staff of the Special Education and Rehabilitation Study Group. It was anticipated that each workshop section would prepare a summary of needs and legislative recommendations to be presented as testimony at hearings held by the Subcommittee on Special Education, chaired by Representative Carl Elliott, Alabama, on October 28th and 29th, in New York City.

Co-chairmen of the Section on the Hearing Disabled and Speech Impaired were Dr. Clarence D. O'Connor, Superintendent of the Lexington School for the Deaf, and Dr. Moe Bergman, Director, Speech and Hearing Center, Hunter College. There were 28 invited participants in this section, including some who were employees of official and private agencies in Special Education and Rehabilitation. These participants were given the opportunity to contribute their ideas as individual specialists, not necessarily representing their agencies' views.

Brief reports were presented on local, state and national programs, as well as on facilities and legislation. A section on the Hearing Disabled and Speech Impaired was established and then divided into three working groups, one concerned with the area of the deaf, another with the speech impaired and the third with the hard of hearing. A summary report of this section contained general statements on the effects of all communication handicaps and included specific recommendations in the area of the deaf, on the one hand, and of the speech and hearing impaired on the other.

*Prepared by MOE BERGMAN, Ed.D., Director, Speech and Hearing Center, Hunter College, New York City.

RECOMMENDATIONS

The recommendations of the working groups sought federal action on the aspects of personnel, facilities, public information and research, stressing as the most desperate need the professional training of workers for each area.

Personnel

After studying the bills introduced as S.J. Res. 127 in the Senate and as H.J. Res. 494, first, followed by a number of identical bills carrying other numbers, in the House, the working groups urged, without dissent, that grants-in-aid to students and grants to training institutions be provided through Federal legislation. In the area of the deaf, it was pointed out that the lack of candidates in the training programs for teachers of deaf children is due in great part to the extra training expense required beyond that needed for teaching a class of normal children. In the areas of the speech impaired and the hard of hearing the working groups called for the annual training of at least 1,500 speech pathologists and audiologists to meet the national need. All working groups recognized the need to train workers for research in normal and impaired communication, while the educators of deaf children requested support for the training of administrative and supervisory personnel necessary to the education of the deaf and for orientation of such additional personnel as psychologists, psychiatrists, social workers, cottage or residential-life workers, and otologists in the special problems of deaf persons.

Facilities

All three working groups called attention to the need for comprehensive evaluation centers for the diagnosis and educational planning of young children who fail to develop language or speech. An appeal was made for Federal support for the expansion of existing centers and for the establishment of many additional modern centers, in the continental United States and in other areas under our jurisdiction. The group in the area of the deaf recommended the establishment of regional community centers for deaf adults, where social, mental hygiene, family and vocational guidance would be available. Federal supporting grants were asked to aid in the construction of physical plants and for the provision of specialized services and personnel for these centers. The group in the area of the hard of hearing called attention to the paucity of facilities for the rehabilitation of hard

of hearing adults, citing the need for federal encouragement for the expansion of facilities containing modern electronic equipment and highly-trained workers for diagnosis and rehabilitation. This group listed three categories of handicapped adults in need of rehabilitation but not at present eligible for existing federally supported services for the handicapped:

1. Older persons with small pensions or Social Security
2. Persons of employable age, not considered potentially employable
3. Financially indigent persons for whom welfare and other public agencies now provide limited rehabilitation, often consisting only of the provision of a hearing aid.

It was suggested that provisions be made for the rehabilitation of these groups under legislation similar to or as an extension to the National Rehabilitation Act, which now provides for adults who are potentially employable. It was suggested, further, that Federal financial cooperation with communities and regions not serviced at present by speech and hearing centers could encourage the activation of new centers in these areas and would ensure more effective use of Federal funds now provided through such agencies as the Office of Vocational Rehabilitation.

The working group in the area of the Speech Impaired urged the expansion and establishment of additional facilities for *year-round* language and speech training for children with special speech problems.

Public Information

The working groups urged the development, by appropriate Federal agencies, or materials, films and pamphlets which would provide the public with fair and objective information about persons with speech and hearing impairments, as well as the potential for rehabilitation for these persons. The group in the area of the deaf deplored the continued use of such terms as "deaf and dumb," "deaf-mute," "mute" and other terminology which implies dramatically limited ability in deaf persons. They suggested that

the public be informed that deaf persons who receive appropriate training can find employment in the open market, without need to resort to such practices as begging or seeking subsistence through a dole.

This Section called for the dissemination of information about speech and hearing disorders to well-baby clinics, pediatricians, general medical practitioners and others, emphasizing the advantages of early recognition.

Research

Noting the confusion which exists at present on the exact incidence of speech and hearing impairment in the population, the Section urged a National Study on a recurring arrangement.

It was recommended that Federal Aid be given to establish laboratories devoted to basic research in audition and communication problems, similar to basic research laboratories already established by the Federal government in other areas. It was suggested that the proposed centers concentrate on basic processes rather than on clinical services, so that the present frustrating limitations in our knowledge of the causes and mechanisms of undeveloped or improperly developed communication in the young child can be overcome through intensive study by teams of highly-trained investigators. It was suggested further that the organization of such centers be planned by an Advisory Committee established legislatively and co-operating with the appropriate Federal agency.

The working group for the problems of the hard of hearing urged the activation of a Federally supported study of present and proposed methods for the screening and discovery in the schools of children with ear diseases and auditory impairment.

The group concerned with problems of the deaf called for a Federally supported study of the communication, emotional and vocational problems of deaf persons, particularly those who are born deaf or become deaf early in life. They recommended that this and other studies in the area of the deaf become the responsibility of the U.S. Office of Education, assisted by a legislatively sponsored Advisory Committee on the Deaf.

ASHA LEGISLATION COORDINATORS

During the past few months references have been made on repeated occasions to the legislation recently submitted in the United States House of Representatives (H.J. Res. 494 and 488) and in the United States Senate (S.J. Res. 127). This legislation was proposed to make available funds with which to encourage and promote the graduate training of professional personnel in our field. Should this legislation receive favorable action from Congress, it will result in funds for teaching, equipment, and fellowships for

graduate students in the fields of Speech Pathology and Audiology.

Legislation, of course, doesn't just happen nor does it grow like Topsy. Its eventual passage depends on the cooperative efforts made by the proponents of the bill.

It was the feeling of the Liaison Subcommittee on Legislation of ASHA that the Association and its members would be benefited by picking a Legislation Coordinator from each of the states throughout the

country. Those people selected for this task were invited to participate by coordinating the legislative activities in their state for this specific legislation.

The role of the ASHA Legislation Coordinator could best be described by indicating that the Coordinator will do whatever is necessary to see to it that his Legislators will have all the assistance they need to develop an understanding of this field and of the speech and hearing handicapped population which we serve. The Coordinator's task will involve the development of "Information Committees" in each of the states throughout the country. All Senators and Representatives will be personally contacted by the Legislation Coordinators and their Committees to acquaint them with: (1) the needs of speech and hearing handicapped children and adults; (2) the desperate shortage of qualified personnel in the field and (3) the proposed legislation which will help remedy this condition.

Should you be contacted by the ASHA Legislation Coordinator in your state to assist in this endeavor, we hope you will welcome this opportunity to serve your organization and the fields of speech and hearing.

Listed below are the ASHA Legislation Coordinators selected for this specific legislation and the States they represent.

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida

old

T. Earle Johnson
Henrietta Krantz
Robert N. Plummer
Sarah Ivey
Victor P. Garwood
Milton A. Valentine
Edward Mysak
Ray E. Keesey
Darrel J. Mase

Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Missouri
Mississippi
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Stanley H. Ainsworth
Merle Ansberry
Charlotte Cleeland
John J. O'Neill
Mack D. Steer
Dean E. Williams
Margaret Byrne
Charles F. Diehl
C. Cordelia Brong
Samuel Cheraso
Stanley L. Berlinsky
Wilbert Pronovost
H. Harlan Bloomer
Ernest Henrickson
Charlotte G. Wells
Robert W. Peters
Charles D. Parker
John H. Wiley
Bernard Anderson
Barbara Smith
Donald Markle
Fred Chreist
Katherine Thorn
Malcolm McCoy
Edna Gilbert
Sheila G. Morrison
Sylvia O. Richardson
Robert Mulder
Bruce Siegenthaler
Ruth Hamilton
Milton J. Hill
Elmerine S. Flint
Forrest Hull
Jack L. Bangs
Parley Newman
Frank J. Falck
James M. Mullendore
John M. Palmer
Bernard Schlanger
Alfred J. Sokolnicki
Dean G. Nichols

S. L. B.

KENTUCKY SPEECH AND HEARING ASSOCIATION

Application Approved For HOUSE OF STATE DELEGATES

THE ASHA Executive Council approved the application of the Kentucky Speech and Hearing Association in November, 1959. The KSHA has 40 members having voting privileges, 37 of whom are ASHA members. The Officers of the KSHA are:

President:
Vice-President:
Secretary:
Treasurer:

John C. Shwab
William J. Brown
Mary Louise McDowell
Elizabeth McAllister

1001

CONVENTION, VINTAGE 1959

THE 35th annual convention of the American Speech and Hearing Association held in Cleveland on November 11-14 was the largest convention ever held by our Association outside of New York City. The total convention attendance was 2,147. Comments made by the members during the course of the meetings, between technical sessions, in the elevators, and in the hallways, seemed to indicate that this was our most successful convention in history.

TECHNICAL PAPERS

There was a total of 64 professional and scientific sessions covering speech, audiology, language disorders and problems presented in the professional and administrative areas. Several of these meetings were in the form of dual sessions. A wealth of contributed papers was presented. There was an expansion of the number of invited papers and sessions over the level of previous years which allowed for participation by many persons of national eminence in allied fields. Coverage of subject areas was felt to be extremely broad and allowed for many new and interesting research and therapeutic facts to be brought to the attention of the membership. Criticism in this area tended to focus on the complaints of members who felt that some of the material presented and discussed was extremely repetitious having been voiced and revoiced by many others in past conventions and in published papers. The need for a continuation of the policy which enables the membership to hear the ideas of new members as well as the established core within the Association was reinforced by a large number of the members.

ASHA DAY

A new venture, ASHA Day, was undertaken during this convention. This idea evolved from the 1958 Convention developed by Dr. Leo G. Doerfler wherein special reports from a series of selected ASHA committees were presented to the membership to help them become more aware of their Association Committees and the inner workings of the Association. This type of program enabled the members to participate through the committees by directly questioning the Committee members. This year our Vice-President and Program Chairman, Miriam D. Pauls, expanded on the idea and established an ASHA Day with a full afternoon's program. The program was devoted to a presentation of a series of papers which intended to interpret and relate the fields of

speech and hearing to society. Basically, the program was designed as a step in erecting a series of signposts for the present membership to help us better understand our relationships to each other and to other professions, by listening to a review, an analysis and the projection of our professional status, interests and goals by outstanding leaders in the fields of speech and hearing. The papers presented discussed the history of the association, its problems and its prospects in terms of services, research and training.

GENERAL SESSION

This General Session proved to be stimulating and effective in bringing to the membership a greater consciousness of the Association and their profession in action. Although the program was met with widespread approval, it was felt that the length of the papers presented should have been shortened. These papers presented at the General Session are being published in this and the February Issues of *Asha*.

STATE GROUPS

The many special gatherings of State groups, alumni meetings, as well as the small tête-à-tête groups that formed readily in the evening hours helped make this another memorable convention. This was a convention that not only offered opportunity for intellectual stimulation but allowed time for congeniality and renewal of old friendships.

SOCIAL

The Association Cocktail Dance, wherein an orchestra and ballroom facilities were provided for the members, moved off to a slow start but finished "fast" with a large group of members just getting ready to begin the festivities while the orchestra was just getting ready to stop. Perhaps our members are basically nocturnal in nature as opposed to diurnal. If this hypothesis is correct and can be supported by careful study, it would seem advisable to consider the possibility of starting an affair such as this following dinner which would allow it to extend on into the wee small hours.

The Complimentary Coffee Service provided by the Association continued to be an important part of the convention. This service provided the members with stimulation in the literal sense as well as through small conference sessions that allowed them to meet friends and to discuss the profession and the problems of the day in a relaxed situation.

TWO-HOTEL ARRANGEMENT

Considering the time and space problems involved, it was felt that the two-hotel arrangement worked out reasonably well. Certainly we were in a position to offer more meetings to our members. At the same time, it must be said that weather conditions tended to hamper locomotion to a considerable degree. A good portion of our members, particularly those staying at the second hotel, have now become our strongest supporters for a one-hotel convention from this day forth.

EXHIBITS

An extensive group of exhibits was displayed throughout the convention by leading publishers, scientific instrument makers, and hearing aid manufacturers. On the basis of our subjective, nonscientific observation in terms of the obvious congestion in the exhibit area as well as the increased poundage acquired by members passing through the room with newly acquired technical papers, booklets, pads and memorabilia, we felt that this area of the convention was well received by the membership. In spite of the abundance of commercial exhibits there were few scientific contributions present. We may hope that the 1960 Convention in Los Angeles will provide a greatly expanded scientific area.

ELEVATORS

There should be more!

CERTIFICATION ROOM AND SPECIAL CLASSES

For those of us who have been clutching our certification forms either as a result of puzzlement or because we're the passive rather than the active type, the opportunity to gain instruction and assistance in preparing applications for certification was truly a wonderful sight to behold. Certainly the members of the Committee on Clinical Certification as well as the trained personnel from the National office are to be commended on the effective services offered to a large portion of our membership who needed their assistance.

This was Cleveland for the ASHA Conventioneer in 1959, from technical papers to social activities, from the General Session to the elevators, from the two-hotel arrangement to the exhibits and certification classes. All of these facets help to bring us closer together through intellectual stimulation, by providing an atmosphere to help us air our views and thoughts to professional acquaintances and friends, and by allowing us time for socialization and relaxation.

S. L. B.



The secret of education lies
in respecting the pupil.

Emerson, *Lectures and Biographical Sketches: Education*

Emerson's *laissez-faire* interpretation of educational respect borders on the philosophy of progressive education. "It is not for you to choose what he shall know, what he shall do. It is chosen and foreordained, and he only holds the key to his own secret." Educational respect is not quite so confining at Stanwix House. Take, for example, *The Best Speech Series*, comprising six workbooks representing the six most frequently misarticulated speech sounds (*S-R-L-Th-K-G*), and a professional manual. The authors' philosophy is all-embracing because it respects not only the "foreordained" abilities of the exceptional child to benefit from the materials, but also respects, and attempts to correct, the language defects of this same pupil. Thus, Stanwix House would amend the Emerson thinking by saying that *both* the pupil and *The Best Speech Series* hold "the key to his own secret"—good speech. Details on the *Series* and other Stanwix House publications in special education are available upon request.

STANWIX HOUSE, Inc. • 3020 Chartiers Avenue • Pittsburgh 4, Pa.





SHADY TRAILS is the Speech Improvement Camp of The University of Michigan and is operated in cooperation with the University's Speech Clinic and Department of Speech. The camp-clinic was established in 1932. The 1960 session is scheduled for June 20 through August 20.

For information regarding

- • *Internships in speech correction*—graduate student positions requiring Bachelor's Degree (1960 or before). Enrollees earn six semester hours of graduate credit. Camp meets expenses of tuition, board and room, plus substantial remuneration
- • *Senior clinicianships in speech correction*—full time positions requiring Master's Degree plus experience
- • *Counselor positions, men only, age 21 or over, especially qualified to instruct in sport skills*
- • *Referrals of boys and young men with speech problems, ages 8 - 21 inclusive*

Write to

John N. Clancy, Director
University Speech Improvement Camp
1007 East Huron Street, Ann Arbor, Michigan



The electronic Chairman of the Board

Why do we four men delegate such absolute veto power to the electronic chairman?

The answer, we say, is eminently simple. The "monster," so to speak, is of our own deliberate creation. Of course, he is only a symbol. He represents Audivox Inspection Controls, consisting of a combination of (1) testing equipment, duplicated only in the very largest technical universities at investments of hundreds of thousands of dollars; (2) an inspection team rigidly maintained at an exceptionally high ratio to production staff.

As an example, take a simple condenser. Only one in many can meet Audivox requirements. The same holds true for every component, which goes to prove, we think, that you can be sure every Audivox hearing aid is precision engineered, painstakingly built and subjected to every test known to modern electro-acoustic science.

This should be quite comforting to those who use Audivox hearing aids. It's certainly most reassuring to us.

audivox HEARING AIDS

Successor to the *Western Electric* Hearing Aid Division
Audivox Hearing Aids are licensed under patents of the American Telephone and Telegraph Company, and Bell Telephone Laboratories, Incorporated.

Home offices and Main Plant 123 Worcester Street, Boston 18. KEnmore 6-8207.

Developed for the Profession



Now... from

Otarion

a top quality
new combination
speech and pure tone
AUDIOMETER

at the introductory price of
only **\$550⁰⁰**

"All that is to be desired in the office"

—says noted otologist—

Imagine,

a combination speech and pure tone Audiometer with all these features in one attractive light weight case:

- A pure tone circuit from 250 to 8,000 cycles with continuous tone and pulsating tone
- Speech circuit with high suppressed, low suppressed and normal positions
- Speech circuit and record circuit
- Masking circuit and microphone circuit
- In-built loud speaker plus jack for external speaker
- Double high quality earphones
- Bone conduction receiver
- Microphone and Monitor phone



The Otarion Model 1000 Speech and Pure Tone Audiometer was specifically developed to provide the most complete testing equipment in one convenient unit. And the special introductory price of \$550.00 includes all the "extras" necessary for both diagnostic and prescription purposes. Write today for full information. The Otarion Model 1000 is available either in cabinet or portable models.



Gray Plastic Covered
Portable Case

Developed by Otarion engineers who created the world's first (and best) eyeglass bearing aid, *The Listener*.

Otarion Listener
CORPORATION
Ossining, New York

**SERVING THE
HARD OF HEARING
SINCE THE 1930's**

OTARION LISTENER CORP.

Ossining 25, New York

PLEASE SEND complete information on the
Model 1000 Audiometer.

Name. _____

Address. _____

City. _____ State. _____

Clinical and Educational Materials

RECORDINGS

PRAM RECORDS, produced by Young Peoples Record Company, 78 rpm. Group of 6 records: 1a. Dramatic play with animals; 1b. songs; 2a. Where are your eyes?; 2b. Big and Little; 3a. Toys; 3b. Sleepy Time Lullabies; 4a. What Does Baby See?; 4b. What Does Baby Hear?; 5a. Clap Hands; 5b. Up, Up, Up; 6a. Peak a Boo; 6b. Baby's Bath. For the use of parents and clinicians to develop awareness of sounds in the very young. Also adaptable for children with delayed speech and language disorders.

LET'S LISTEN! M. Marie Bresnahan and Wilbert L. Pronovost, Boston, Mass., 1955, distributed by producer Ginn & Company, Album, three long playing records, with 16 lessons varying from 4 to 7 minutes. Each record includes auditory stimulation, auditory discrimination, vocabulary development, speech practice and enrichment. Activities of story telling, singing games, verses, riddles, finger plays, songs and listening games, presented with delightfully clear diction, utilizing basic reading and language vocabularies to develop speech sound awareness, correct speech sound production, a desire for speech improvement, as well as reading readiness.

SOUNDS AROUND US, RCA, distributed by Scott Foresman Co., Chicago, Atlanta, Dallas, Fair Lawn (N. J.), and Palo Alto. 78 rpm., Album, 3 records. The sounds around:

(a) The house; (b) The farm; and (c) The town, are interestingly presented so as to widen a child's listening experience and to develop his abilities to discriminate between meaningful sounds.

AUDITORY TRAINING ALBUM, Jean Utley, distributed by Maico Co., Inc., Minneapolis, Minnesota, and University of Illinois Press, Urbana, Illinois. 78 rpm, Album, 2 records. Records are to accompany workbook *What's Its Name?* This album, with its accompanying workbook, containing realistic, clear cut illustrations has proved to be an excellent guide and aid to auditory training and speech development for the hearing child as well as the child with a hearing handicap.

RHYTHMIC ACTIVITIES, Volume 1E71 and Volume 1E72, RCA Victor, available in 45 rpm or 78 rpm Albums —4 records each. Through directed listening to this carefully selected strong rhythmic music a child may increase his tolerance for sound and his ability to discriminate between rhythms. Participation in rhythmic activities such as tapping, clapping, swinging, swaying, etc., affords an opportunity for self expression and may create in a child a desire to respond nonverbally before there is a readiness for speech.

FILMS

FILM STRIPS FOR PRACTICE IN PHONETIC SKILLS. Scott Foresman, Chicago, Atlanta, Dallas, Fair Lawn (N. J.), and Palo Alto. 4 films, black and white, furnish practice in (1) auditory perception of rhyme, (2) auditory perception of initial consonants, (3) visual auditory perception of initial consonants, (4) consonant substitutions. Provides an interesting media for practice for correct sounds contained in words in a basic reading program.

TALKING TIME FILM STRIPS. Louise Binder Scott, 1955,

produced by David J. Goodman, distributed by Webster Publishing Company, St. Louis, Atlanta, Dallas, and Pasadena. Two series, 15 different film strips in color. Pictures, which are most interesting to children, are designed to create an awareness of consonant sounds through visual, auditory and kinesthetic approaches, and to supply supplementary teaching and practice materials for instructors of hearing- and speech-handicapped children as well as for the classroom teacher. Especially adaptable for use with groups.

OTHER TEACHING AND PRACTICE MATERIALS

SOUNDS I SAY Book 1. Fred W. Wolf and Gordon A. Kelder, 1959, Moravia, N. Y., Publishers, Chronicle Guidance Publications. This new colorful workbook for young school-age children which includes materials for both guided and independent work on sounds has been developed, tested, and compiled by two speech and hearing therapists. It provides for "Growth in Speech and Phonic Readiness Through Pictures." Accompanying the workbook is a comprehensive teacher's manual which should assist one in making maximum use of this material whether the teaching of sounds is being done with an individual or with a group. Watch for Book II to come from press in February.

BETTER SPEECH AND READING. Lucille D. Schoolfield.

Editor's Note: The materials presented are, for the most part, not new, but are described here because of their continued usefulness to Speech and Hearing clinicians.

Magnolia, Mass., Publishers, Expression Co. This book includes diagnostic materials, word lists, sentences and poems, providing practice on every consonant and vowel sound word lists are based upon Gates' *Reading Vocabulary for Primary Grades* and Thorndike's *Teachers Word Book*. The variety of flexible exercises are planned for use in the first 6 grades.

WORDS ARE IMPORTANT. H. C. Hardwick, publisher. C. S. Hammond and Co., Maplewood, New Jersey. 35¢ per copy. For word study and vocabulary improvement, based on frequency categories of Thorndike and Lorge *Teachers Word Book* of 30,000 words. Books are graded from Junior Book (Grade 7) to Fifth Book (College). This series provides some much needed material at the Junior High School and Secondary levels.

VOICE AND ARTICULATION DRILLBOOK. Grant Fairbanks, New York, Harper & Brothers. Examination and

practice materials to be used with individuals from primary to adult educational levels presenting articulation and voice deviations. Used particularly effectively with individuals at the secondary level.

SPEECH IMPROVEMENT CARDS, Bryngelson, Esther Glaspey, Scott Foresman and Co. Includes 3 sets of colorful cards designed for exercises in auditory perception, classification and discrimination as directed by the *Teacher's Editions of New Basic Readers*. A teacher's manual, *Speech in the Classroom*, provides much needed information concerning speech problems most prevalent in the classroom as well as suggested application of the materials.

IDEAL READING READINESS CHARTS, distributors Ideal Supply Co., Chicago 20, Illinois. 9 Charts, 24" x 36", printed in 2 colors (1) developing rhyming words, (2) selecting rhyming words, (3) pictures alike—different, (4) What is missing? (5) Shapes, alike—different, (6) recognition of size, (7) identification of lower case letters, (8) action words, (9) name words attractive and interesting to children.

PICTURE WORDS FOR BEGINNERS, Milton Bradley Co., Springfield, Mass. Also available at retail stores, black and white. Common nouns from beginning reading vocabularies.

ACTION PICTURE WORD MAKING CARDS, Creative Playthings Incorporated, 5 University Place, New York 3, N. Y. Comes in color in sets of 2 boxes. Match picture and word, then spell out word with individual letter card.

MATCH SETS I AND II, Edward W. Dolch, Publisher, Garrard Press, Champaign, Illinois. Each set contains one-half of 95 most common nouns. Enables one to match picture to picture, picture to word and word to word.

PHONETIC DRILL CARDS, Milton Bradley Co., Springfield, Mass. Twenty-three cards forming over 350 word combinations. May be employed for both listening and pronunciation practice.

"TAKE," Edward W. Dolch, Garrard Publishing Co., Champaign, Illinois. Players take tricks by matching the sounds of the beginnings, the middle parts or the endings of words. A meaningful game for establishing associations between sounds and letter symbols.

THE NEW UNIT CARD SET, Scott, Foresman and Co. Contains a complete, indexed word phrase and picture card equipment in relation to Curriculum Foundation Series of basic readers at the pre-primer and primer levels.

PICTURE, SOUND AND WORD GAMES. Since many teachers of children with speech and hearing handicaps strive to integrate materials used in remedial sessions with those used in the classroom reading program, they find the vocabularies of basic reading series adaptable to their needs. The following are examples of such materials.

PICTURE WORD CARDS, Edward W. Dolch, Publisher Garrard Press, Champaign, Illinois. Contains good pictures of 95 of most common nouns with the name printed below each word on the back of the card. Recommended for use in teaching identification, naming and categorizing things in the environment.

AMERICAN SPEECH AND HEARING ASSOCIATION

Group Disability Insurance Plan

Sponsored and Endorsed for Eligible Members

Providing

Accident and Sickness Benefits
payable for as long as 5 years.

Weekly Indemnity Benefits up to \$100.00

Accidental Death and Dismemberment

Benefits up to \$10,000.00

Medical Expense up to One Week's
Benefit for non-disabling injuries.

Low Group Rates and Broad Protection
for Members under age 60.

Secure complete details from:

ASSOCIATION SERVICE OFFICE

1500 WALNUT STREET

PHILADELPHIA 2, PA.

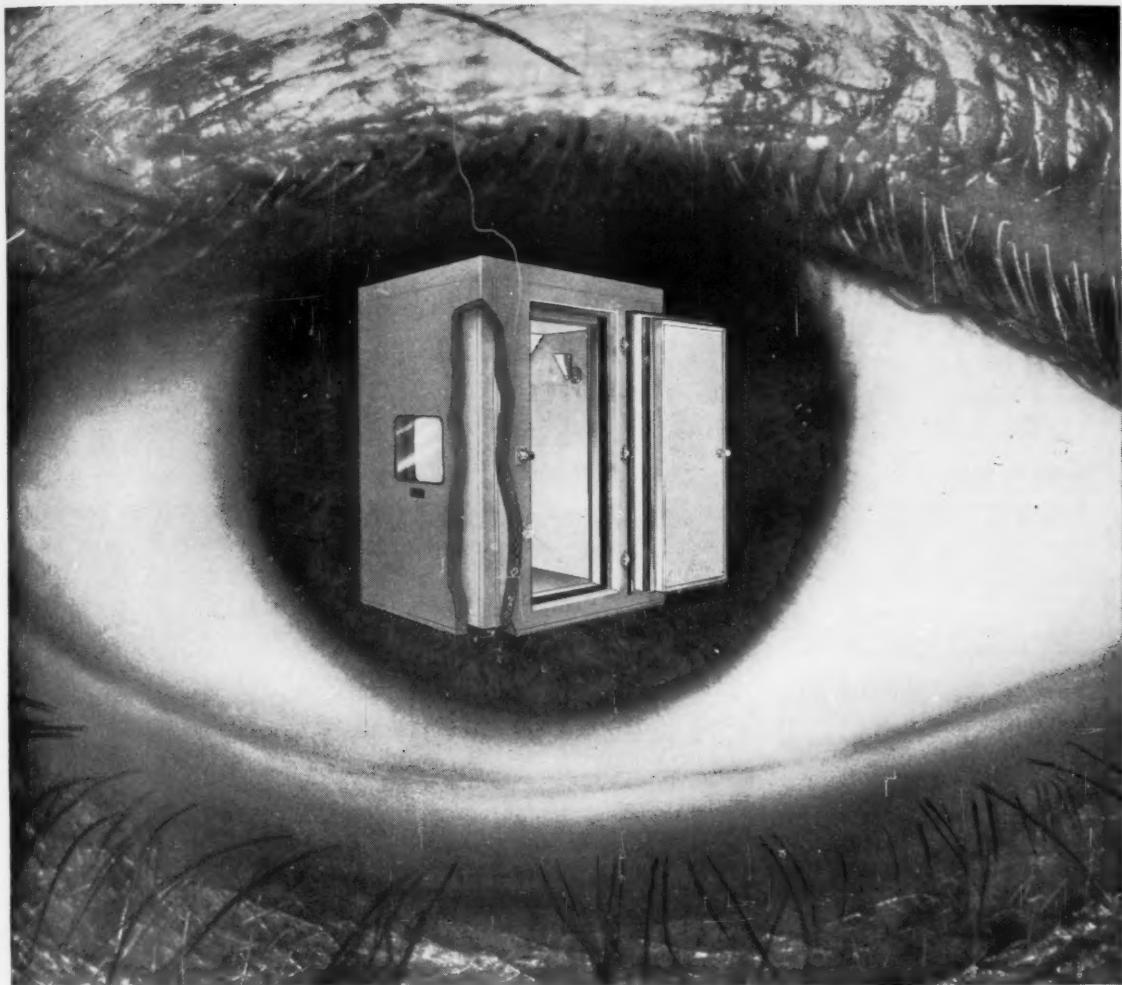
ACOUSTICON INAUGURATES NEW SERVICE FOR SPEECH AND HEARING CLINICS

ACOUSTICON announces a new and simple plan for supplying hearing aid requirements of your patients under YOUR supervision. Your local ACOUSTICON representative has all of the details. Call him soon for a friendly chat or write to ACOUSTICON INTERNATIONAL.

ACOUSTICON INTERNATIONAL

Your Golden Circle of Sound

95-25 149TH STREET
JAMAICA 35, N. Y.

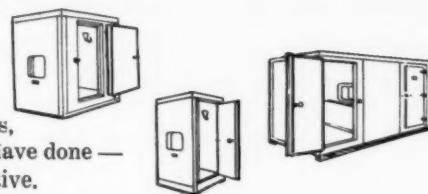


More than meets the eye...

Only x-ray vision can see the thousands of research and development hours which have given IAC Audiometric Examination Rooms engineered construction and guaranteed performance.

Do as hundreds of hospitals, speech and hearing clinics, medical research laboratories and industrial clinics have done — before buying or building, consult an IAC Representative. You will save both time and money.

Professional literature furnished on request.



Medical Department AS-1A
Industrial Acoustics Company, Inc.
341 Jackson Avenue, New York 54, N.Y.

News and Announcements

Organizational

A report, *Coordinated Training in Rehabilitation*, has been released by the Office of Vocational Rehabilitation. This report presents the discussions of the 75 participants (representing 14 fields of interest) in an institute on the coordination of training in rehabilitation, which was sponsored jointly by OVR and the Western Interstate Commission for Higher Education. It was hypothesized that the need for interprofessional cooperation in the rehabilitation process points to the need for coordination of training programs, and that such planning would also increase the effectiveness of the training programs. Edited by Dr. Victor Rainey, Department of Psychology, University of Colorado, the report includes a foreword by Richard Axt, a roster of the participants, and a discussion guide, in addition to the discussions presented under 5 chapter headings. Chapter I, "The Challenge to Training Institutions" includes "Training for Rehabilitation" and "Common Concepts Among Rehabilitation Disciplines." Chapter II, "The Training Program of Eight Rehabilitation Specialties," includes "Speech Correction and Hearing," as presented by Virgil Anderson, Ph.D., of Stanford University. Chapter III describes "The Team Approach." Chapter IV, "Coordinated Training in Rehabilitation," describes four approaches to the problems of training. Chapter V presents "The Future of Coordinated Training." Requests for copies of the report should be addressed to the Western Interstate Commission for Higher Education, Fleming Law Building, University of Colorado, Boulder, Colorado.

On Other Fronts

A publication entitled, *The Aged and Aging in the United States*, has been made available by the Senate Subcommittee on Problems of the Aged and Aging. The information contained in the publication was gathered in discussions held by the subcommittee with expert consultants in the field.

The pamphlet begins with a foreword written by the chairman of the subcommittee, Pat McNamara. The first subject discussed is the increase in life expectancy which has occurred in this country. The problems faced by the elderly are many. For one, their incomes are very low. In 1958, three-fifths of the men and women in the over-65 bracket received less than \$1,000 in money income. It was also reported that the older worker is subject to discrimination in maintaining or getting a job.

The health needs of older people are reviewed. It was suggested that regional centers on aging be established throughout the country to stimulate medical research and action.

Regarding retirement, the advisability of having preretirement counseling, post-retirement programs, and educational opportunities for the elderly were mentioned.

Other areas discussed in the publication are: housing for older people, social security incomes, and social welfare services.

During the months of October through December, the subcommittee is touring the cities of Boston, Pittsburgh, San Francisco, Grand Rapids, Miami, and Detroit. They are expected to discuss the problems of the aged and aging with

SUMMER PROGRAMS

The March and April Issues of *Asha* will contain a listing of summer programs in Speech Pathology and Audiology. Institutions that have not submitted information about dates of summer programs, should submit it immediately to:

Mrs. Dorothy D. Craven
Speech Clinic
University of Maryland
College Park, Maryland

city and state officials, representatives of local agencies, and the older citizens themselves. The findings will be added to the information received at the hearings in Washington. Copies of the publication may be secured by writing to Senator Pat McNamara, United States Senate, Old Senate Office Building, Room 249, Washington 25, D. C.

Institutional

Queens College has received two research grants from the U. S. Department of Health, Education, and Welfare. Jon Eisenson, Ph.D., Director of the Speech Center, received a one-year grant of \$16,744 to investigate the relationship between language dysfunctions and right cerebral damage. Beatrice Jacoby, Ph.D., was awarded a two-year grant of \$47,000 to study the role of nonverbal symbols in the education of the deaf.

Purdue University received a grant of \$1,904 from the Psi Iota Xi Sorority to conduct the Third Annual Institute for High School Girls during the 1960 summer session. Similar grants were made for this program enabling the Institutes to be held during the summers of 1958 and 1959. These Institutes have met with considerable success in the recruitment of outstanding talent for careers in Speech and Hearing Therapy. The project is under the supervision of Dr. Betty Ann Wilson of Purdue.

Fifty state educational agencies and 14 universities have been awarded 150 graduate fellowships as a part of an effort to increase the number of leaders in the education of mentally retarded children. One million dollars was appropriated by Congress in July 1959, to carry out the provisions of Public Law 85-926. Each fellow will receive \$2,000 for first year of study, \$2,400 the second year, and \$2,800 the third year. In addition, he will receive \$400 for each dependent. For each fellow enrolled, the institution will receive \$2,500 to be applied to the cost of training the fellow. Qualifications for fellowships include: American citizenship, a baccalaureate degree, and one year of teaching or supervisory experience in the education of mentally retarded children.

The Graduate School of the University of Wichita has announced the opening of a program of courses leading to the Doctor of Philosophy in the Department of Logopedics, commencing February 1, 1960.

Personals

John J. O'Neill, Ph.D., has been appointed professor and director of the Speech and Hearing Clinics at the University of Illinois.

M. D. Steer, Ph.D., Director of the Purdue Speech and Hearing Clinic, has been awarded a Special Rehabilitation Research Fellowship by the U. S. Office of Vocational Rehabilitation. Dr. Steer's research project is entitled, "World Wide Mutual Assistance Program in Speech and Hearing Disorders: Status and Needs." In addition Dr. Steer had already received a travel grant from the Purdue Research Foundation to enable him to visit leading clinics, schools, and laboratories in certain European countries during June-August, 1959. At the request of the Office of Senator Humphrey, Dr. Steer studied the need for developing an International Mutual Assistance Program in the field of Speech and Hearing Disorders. His visit included programs in Denmark, Germany, Netherlands, Switzerland, Italy, Spain, France, England, and Scotland. He lectured on "Audiology" at the University of Hamburg, on "Speech Pathology Programs in the U.S.A." at Padua, Italy, and on "Modern Instrumentation for Speech Pathology and Audiology" at the 11th Congress of the International Association of Phoniatrics and Logopedics in London, England.



NEW
**Maico Group
 Hearing Aid**
to teach Hard of Hearing Classes

**Maico MT-1
 GROUP HEARING AID
 for classroom instruction**



EXCLUSIVE Maico FEATURES



HEADSETS—Allows up to 20 students selective levels of amplification in either ear. Individual controls are provided for each student in a classroom.

MICROPHONE; TURN-TABLE—Three separate microphone input channels are provided, each regulated by separate dial on master panel. Has 3 speed phonograph and inputs for radio, television and movies.



CONTROL PANEL—All controls, operated by the teacher, conveniently located on one panel. Students have individual controls.

"HUSH" CIRCUIT CONTROL—Exclusive circuit prevents the unit from amplifying any background sounds except those spoken directly into the microphone. An ideal feature for obtaining normal classroom procedure.



An ideal unit for teaching a group of students with severe hearing losses. Its simplicity of master controls makes it possible for the teacher to devote complete attention to students and yet each student has individual controls to adjust to his hearing handicap.

NEW
**MAICO
 PORTABLE
 DESK TYPE
 HEARING AID**



**Ideal for home or
 classroom use**

Maico's new battery-operated desk type hearing aid has been designed specially for auditory training at home and in the school. Weighs only 4 pounds complete with batteries. No electricity used.

Write for further details and specifications

MAICO

Room 129
 21 North Third Street
 Minneapolis, Minnesota

1924-1960
RADIOEAR



1959 . . . saw the introduction of a number of Radioear innovations. The latest of these, the Model 880, received an extremely gratifying response from the hard of hearing. User after user has exclaimed about the clarity of tone, the understandability and the Phonemaster® convenience of this unique behind-the-ear aid. We are pleased and proud that so many people have liked it. The same can be said of the other Radioear instruments. Each has been engineered to provide the best possible hearing regardless of type of instrument.

1960 . . . will see a continuation of innovations by Radioear. Many projects are currently being developed in our laboratories. However, no Radioear is released for sale until it has passed a very intensive series of tests. Each component is individually tested—some are even "run in" at double or triple the intended voltage to assure the utmost in performance. After component tests are complete, the entire aid is subjected to testing procedures which far exceed any possible user abuse. Only then is the new model ready for sale. In 1960, look to Radioear to continue to live up to their well-earned reputation for designing and manufacturing fine hearing aids.

RADIOEAR



CORPORATION
Valley Brook Road
Canonsburg, Pennsylvania

Speech Therapy Tube



(Cat. #348)

The Speech Therapy Tube stimulates speech development in the child. Helps focus his attention on his own speech and voice production, acting as a valuable aid to the speech and hearing clinician.

(The Speech Therapy Tube is one of many instruments available in The HAL-HEN Catalog listing. Your requests for a complete catalog are cordially invited.)

The HAL-HEN Company

36-14 Eleventh Street Ph. EXeter 2-6020
Long Island City 6, N. Y.

the
graduate
program
in
**Speech
Pathology
&
Audiology**
of the
**University of
Pittsburgh**

offers

clinical assistantships
teaching assistantships
research assistantships
OVR traineeships
OVR research fellowships
audiology fellowships
Mellon fellowships
field work supervisors

minimal stipend: \$2400 annually

for
further
information
write:
Jack Matthews,
chairman
Speech Department
University of Pittsburgh
Pittsburgh 13, Pa.

Forum

CONVENTION COMMENTS

The 1959 Convention of The Association reached a new high in excellence.

This observer and many to whom he spoke, felt strongly that the arrangements, the advance copies of the programs and abstracts, and the broad and strong program of scientific sessions made for an excellent meeting. Save for those hard-working Council members for whom each Convention is an ordeal of interminable sessions, it seems to have been thoroughly enjoyed by all those present.

The only suggestion which I would like to make concerns the need for the inclusion, either as a journal article or as a session of the next Convention, of material relating to the preparation of visual material for the teaching of audiology and speech pathology, with special emphasis on the preparation of slides for presentation to large groups.

In a recent session of the American Academy of Ophthalmology and Otolaryngology such a session was presented with great success.

Many excellent presentations are marred by slides which are illegible. Such a session might aid in preventing future problems of this sort.

With the exception of this minor point, our meetings reflect much credit upon the Association.

Harris Pomerantz
Syracuse University

I feel inspired to relate to *Asha* readers how much I enjoyed the National Convention in Cleveland. A part of the thrill of this year's Convention, to me, was the fact that we had around 45 of our Nebraska graduates and undergraduates at the Convention. For many of these students and teachers in the field, it was their first attendance at the National Convention. I was especially pleased because the program committee

had seen fit to offer discussions of interest to all the various levels of memberships. Congratulations and a huge bouquet of orchids to Miriam Pauls and her co-workers! The Convention abstracts were a tremendously successful innovation. I know these helped our students and graduates to select the programs which would be of the greatest interest and benefit to each of them.

I want to say "thanks" to all our established leaders for their genuine interest in our young students and graduates and for the feeling of good fellowship that exists even today at our National Conventions, despite the fact that attendance may run into the thousands.

Lucile Cypreanssen, Supervisor
University of Nebraska
Speech and Hearing Laboratories

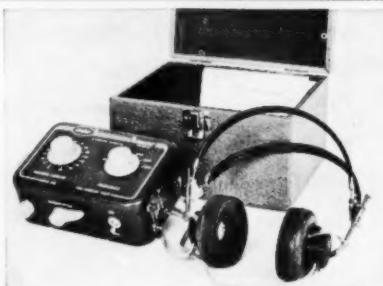
The local arrangements committee in charge of the American Speech and Hearing Association Convention should be highly complimented on their successful planning for the Convention.

The printed abstracts for the Convention were a professional improvement that was most helpful.

Marjorie McMahon
Speech Correctionist
Livonia Public Schools
Livonia, Michigan

Publication Note: Please indicate approval of publication for your letter or specific parts thereof when submitting material to *FORUM*. Contributions to *FORUM* should be addressed to:

Walter W. Amster
Rehabilitation Center for
Crippled Children and Adults
1475 N.W. 14th Avenue
Miami 35, Florida



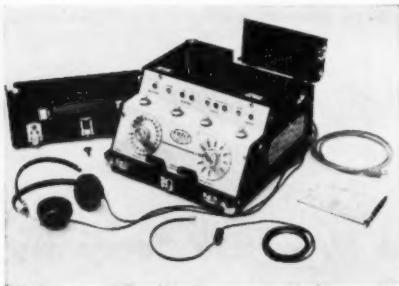
MODEL 600-D

The new Ambco FULLY TRANSISTORIZED Diagnostic Audiometer. Performs Air Conduction, Bone Conduction, Masking, Group, Metered Live-Voice Speech testing. Patented features include silent tone switch (Photrol) . . . not a mechanical switch, fully electronic. Also an electronic automatic pulse. Modular construction with entire circuitry sealed in plug-in units . . . and replacement of any module does not affect calibration. Exceeds all appropriate specifications of the American Standards Association.

WRITE FOR
FREE BROCHURE

Ambco, Inc.

1222 W. Washington Blvd.
Los Angeles 7, California



MODEL 1150-D

960

ious
quet
tion
now
ans
each
their
for
our
may
r
ories
frican
highly
tion
ional
n
dist
chools
a
ation
mate
essed
r
Adults

PSYCHOACOUSTICS

FOR
WORK IN
AUDITION
WE
OFFER AN
EXTENSIVE RANGE
OF
INSTRUMENTS



ELECTRONIC SWITCHES
INTERVAL TIMER
PULSE GENERATORS
RECORDING ATTENUATORS
PSYCHOGALVANOMETERS
SPEECH AUDIOMETERS
AUTOMATIC AUDIOMETERS
PHASE SHIFTERS



WRITE
WIRE, PHONE
FOR YOUR
FREE
CATALOGUE



grason-stadler co.
WEST CONCORD, MASS.

ANNOUNCING THE *Beltone*
**TRUE BINAURAL
TRAINING AID**

for use in schools for the deaf, clinics, etc.



send
today
for
your
free
brochure



Beltone
HEARING AID COMPANY
2900 West 36th Street, Chicago 32, Illinois

Developed solely by the laboratories that pioneered binaural hearing among the hard of hearing, this new instrument is different from any other training aid because it provides:

1. TRUE BINAURAL—Experts have long recognized a need for a binaural training aid providing hearing in both ears at natural ear level. Scientific tests prove that this is the easiest way to train the deaf to hear accurately and to speak more naturally. The Beltone binaural training aid is equipped with separate microphone, amplifier and receiver for each ear. Each microphone is placed very close to the ear for which it is intended.

2. MOBILITY—Unlike previous training aids, this new Beltone unit is NOT connected to anything. There is nothing to plug in and unplug. The pupil wears the entire hearing instrument on his head, so that when he goes to the blackboard or to another room he hears just as well as when seated at a desk.

Further, this new Beltone instrument does *not* require that the teacher speak into a microphone mounted on a desk. Instead, the teacher can move about at will and the receivers on the pupils' hearing aids will pick up the voice.

The price of Beltone's binaural training aid is \$249.50, which includes 2 training aids with adjustable headbands, 2 cords, 2 receivers, and 2 batteries. For complete factual information, simply mail us the coupon for a free, fully illustrated brochure. No obligation.

Beltone Hearing Aid Company, Dept. 9-234
2900 W. 36th St.,
Chicago 32, Illinois

Please send me your free brochure DM-182 describing the Beltone Binaural Training Aid.

Name. _____

Address. _____

City. _____ Zone. _____ State. _____

d
e
a
h
i
s
o
i
s
r
e
N
g
g
i
n
r
e
a
n
e.
D,
s,
u
l
y